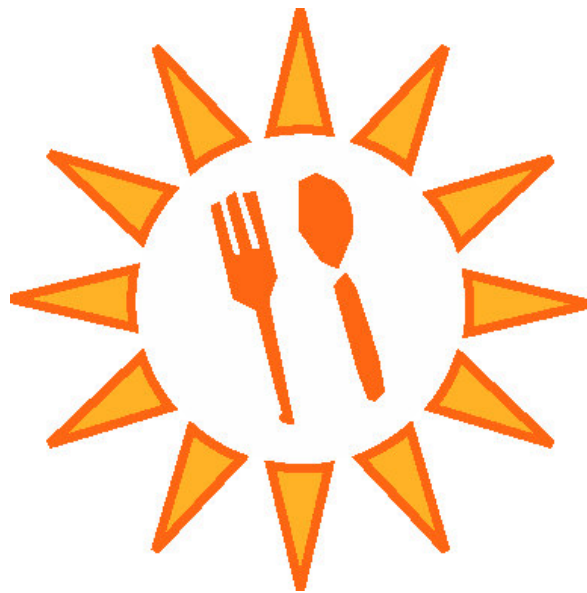


# **SUMMER FOOD SERVICE PROGRAM INCOME ELIGIBILITY GUIDANCE**

**for**

## **CAMPS AND ENROLLED SITES**



**January 2006**

Missouri Department of Health & Senior Services  
Bureau of Community Food and Nutrition Assistance  
P.O. Box 570  
Jefferson City, MO 65102  
Toll Free: 1-888-435-1464

**Summer Food Service Program  
Income Eligibility Guidance  
for Camps and Enrolled Sites**

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## **Summer Food Service Program Income Eligibility Guidance for Camps and Enrolled Sites**

### **GENERAL INFORMATION**

Meal reimbursement to sponsors of camps and enrolled sites participating in the Summer Food Service Program (SFSP) is based on the household income of the children participating in the program. Adult parents or guardians of the children participating in the camp or enrolled program must complete an *Income Eligibility Form* (IEF) (Application for Free Meals CACFP-1004) showing family size and household income data. A child may be claimed for reimbursement in the SFSP if household income data is at or below the *Income Guidelines* established by the United States Department of Agriculture. The IEF and the Income Guidelines are included in this booklet.

Important points to remember are:

- IEFs must be on file with the sponsor for all children claimed for SFSP reimbursement in camps.
- For enrolled sites, IEFs must be on file for at least 50% of the children enrolled in the program. “Enrolled”, for purposes of the SFSP may be defined as any child who attended the site at any time during the claim period (usually one month).
- IEFs are only effective for one year. They must be updated each year.
- The parent letter included in this packet must be given to the parent with the IEF. This letter provides required information and instructions to the parent for completing the IEF.
- The Income Guidelines are updated each year. When reviewing the IEFs, make sure to use the effective Income Guidelines.
- If during a review of the sponsor, it is found that children were incorrectly classified, the sponsor may have to pay back money to the Missouri Department of Health & Senior Services - Nutrition and Child Care Programs. Therefore, it is very important that you review the IEF very carefully.
- If application is being made for a foster child, the application should have the child's name, the child's "personal use" income, and the signature and date of the adult completing the form.
- Income information must be kept confidential.
- The IEF must be kept for three years after the date that the final claim for reimbursement for the fiscal year was submitted. If audit findings have not been resolved, the IEFs must be kept as long as necessary to resolve the issues raised by the audit.
- If a School Food Authority (SFA) is operating as a sponsor of the SFSP, IEFs collected during the previous school year may be used to determine an individual's eligibility in the SFSP. If direct certification was used for some of the IEFs, it is permissible that these applications remain part of the SFSP site eligibility data.

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**INSTRUCTIONS FOR COMPLETING THE  
INCOME ELIGIBILITY FORM (APPLICATION FOR FREE MEALS CACFP-1004)**

1. The first and last name of the child(ren) enrolled in the camp or enrolled site must be listed in section 1 of the Income Eligibility Form (IEF). Check the appropriate box if the child is a foster child.

If the parent or guardian checks that the child(ren) are receiving food stamps or Temporary Assistance (TA) and enters the food stamp or TA case number, the child(ren) are automatically eligible for SFSP reimbursement and the parent does not need to complete section 2.

Food stamp number and TA case numbers are an eight (8) digit number. This may or may not be preceded by a three digit county code.

At a minimum, the eight digit portion of the case number must be provided on the IEF for the child to be automatically eligible for reimbursement. If the full eight digit number is not provided, the child may not be claimed unless section 2 (Household Income) is completed and the social security number is provided.

2. If a parent or guardian does not report a food stamp or TA case number in section 1, then they must complete all entries in section 2 to determine eligibility.

List all other household members besides the children listed in section 1. A household is defined as a group of related or non-related individuals who are not residents of an institution or a boarding house, but who are living as one economic group.

For each household member, indicate monthly income by source of current gross income before any deductions are made. Current income is defined as income received during the month prior to the application. If the prior month's income is not representative of the household's annual rate of income, the household should report projected annual income.

3. Identify the racial/ethnic category of the child. Completion of this information is not mandatory and the failure to complete this information shall not affect the eligibility of the child.
4. The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes. If all children enrolled in the camp or enrolled program are not TA or food stamp recipients, the adult signing the application must provide a social security number. If the adult does not have a social security number, "none" should be written in the space provided.
5. The adult household member must provide a signature, date, address, telephone number and printed name. The IEF can not be approved unless the form is signed and dated by the parent or guardian.

6. The parent/guardian must fully complete the IEF. Sponsor personnel shall complete only the section labeled "For Sponsor Use Only." The IEF is effective from the date the sponsor representative signs and dates the form.
7. Each parent/guardian shall be given the parent/guardian letter and IEF form on a yearly basis. If the parent does not return the completed form, the child is ineligible to receive program benefits.

\* A foster child is a ward of the court or welfare agency placed in residence in a private household. Since the court or agency retains legal responsibility for such a child, the foster home is, in fact, an extension of that agency and the foster child is considered a family of one. As such, a foster child should be indicated as a household of one.

Income for a foster child would include:

- a. Funds received from a welfare agency, which can be identified for the personal use of the child. When funds provided by the welfare agency are specified by category, i.e., only those funds that can be identified as personal use funds shall be considered as income. When such funds cannot be identified, no portion of the funds provided by the agency shall be considered as income.
- b. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use, and earnings from employment other than occasional or part-time jobs.

A child who is not legally designated as a foster child by virtue of being an official ward of the court and/or welfare agency, does not qualify as a "foster child" for purposes of the SFSP. Such children are considered part of the entire family economic unit for purposes of determining eligibility in the SFSP.

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**SAMPLE PARENT LETTER FOR CAMPS AND ENROLLED SITES**

Dear Parent or Guardian:

To provide attractive and nutritious meals for your children, we are participating in the Missouri Department of Health & Senior Services - Summer Food Service Program. We do not charge families separately for meals because we are partially reimbursed by the federal government for some meal costs.

If your yearly income is equal to or less than the amount listed below for your family size, your child is eligible for free meals. If your child is a member of a food stamp household or Temporary Assistance (TA) assistance unit, the child is automatically eligible to receive free program meal benefits.

Family Size	Year	Month	Week
1	\$17,705	\$1,476	\$341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
For each additional member add:	+6,031	+503	+116

To apply for free meal benefits, you must complete the attached form. Your application for free meal benefits cannot be approved unless the attached application is completed according to the directions provided below:

**Part 1: Children Enrolled in the Program**

List all of the children in the household for whom application is made. Indicate the birth date of the child. If you have a foster child, that child is eligible for free meals regardless of household income. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, your signature and the date. If your child receives TA payments or food stamps, please indicate the appropriate case number in the spaces provided and sign and date the form. You do not need to complete part 2. If you do not list a food stamp or TA case number for your children, you must complete parts 2 and 4.

**Part 2: Household and Income Information**

List all members of the household. A household is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses). Report the monthly income by source for each household member. The income reported on the application must include all income before deductions.

**Part 3: Racial Ethnic Information - Completion is voluntary**

**Part 4: Signature**

The adult household member completing the application must sign and date the application. If the child(ren) is not a TA or food stamp recipient, the adult signing the application must provide a social security number. If you do not have a social security number, write "none" in the space provided. Failure to provide the social security number will make the income application invalid if the child(ren) is not a food stamp or TA recipient.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,

(Name)  
(Title)  
(Phone Number)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM  
**INCOME ELIGIBILITY FORM**

To apply for free meal eligibility for your child(ren), fill out this form and return it to your sponsor.

**PART 1 CHILDREN ENROLLED IN THE PROGRAM**

Complete information below for children enrolled in the program. If child(ren) are receiving food stamps or Temporary Assistance (TA), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or TA case number **for all of the children listed in Part 1.**

NAME	BIRTH DATE	FOSTER CHILD	FOOD STAMP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the sponsor for more information.

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
	MONTHLY	MONTHLY	MONTHLY	MONTHLY

**PART 3 RACIAL ETHNIC INFORMATION**

Please check the race or ethnic identity of the participant. You are not required to answer this question.

☐ American Indian or Alaska Native      ☐ Asian      ☐ Black or African American      Hispanic or Latino  
☐ Native Hawaiian or Other Pacific Islander      ☐ White      ☐ YES      ☐ NO

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number, food stamp, FDIPIR, or TANF number may be used to identify the household member

in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR SPONSOR USE ONLY – DO NOT WRITE BELOW THIS LINE**

Monthly Income Conversion    Weekly x 4.33    Every 2 Weeks x 2.15    Twice a Month x 2

TOTAL HOUSEHOLD SIZE:	MONTHLY INCOME:	FOOD STAMP:	TEMPORARY ASSISTANCE:
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Eligibility Determination:    ☐ Eligible    ☐ Ineligible

SIGNATURE OF SPONSOR REPRESENTATIVE	DATE
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**INCOME GUIDELINES  
July 1, 2005 to June 30, 2006**

<b>FAMILY SIZE</b>	<b>INCOME</b>		
	<u>Yearly</u>	<u>Monthly</u>	<u>Weekly</u>
1	17,705	1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
For each additional member add:	+6,031	+503	+116